

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000016417

Entity Name: STONEMAN, INC.

FILED
May 07, 2004
Secretary of State

Current Principal Place of Business:

660 SE 6TH AVE
#1 AND #2
DELRAY BEACH, FL 33483 US

Current Mailing Address:

660 SE 6TH AVE
DELRAY BEACH, FL 33483 US

New Principal Place of Business:

551 S. CONGRESS AVENUE
E28
DELRAY BEACH, FL 33445 US

New Mailing Address:

P.O. BOX 1101
DELRAY BEACH, FL 33447 US

FEI Number: 65-0982312 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SLONIN, RICHARD N
Address: 2625 A LOWSON BLVD
City-St-Zip: DELRAY BEACH, FL 33445

Title: V () Delete
Name: MOREA, LUCILLE S
Address: 2625 A LOWSON BLVD
City-St-Zip: DELRAY BEACH, FL 33445

Title: ST () Delete
Name: SLONIN, RICHARD N
Address: 2625 A LOWSON BLVD
City-St-Zip: DELRAY BEACH, FL 33445

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD N. SLONIN

PD

05/07/2004

Electronic Signature of Signing Officer or Director

Date